



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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March 23, 2006

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL SUPERVISORIAL DISTRICTS AFFECTED – 3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10958016 in amount of \$8,333.33
Account Number 10893384 in amount of \$15,000
Account Number 10720729 in amount of \$7,708.33
Account Number 10946858 in amount of \$241,666
Account Number 10745228 in amount of \$6,497.17
Account Number 10717450 in amount of \$5,000

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

FILED
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COUNTY OF LOS ANGELES

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IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

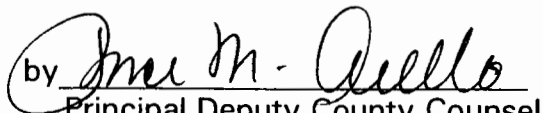
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X:Comp.79

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 79A
DATE: March 23, 2006

Amount of Aid	\$242,040.00	Account Number	10958016
Amount Paid	0.00	Name	Adult Female
Balance Due	242,040.00	Service Date	1/20/05 to 4/04/05
Compromise Amount Offered	8,333.33	Facility	LAC USC Medical Center
Amount to be Written Off	\$233,706.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$242,040.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
County of Los Angeles	242,040.00	8,333.33	33.33%
Net to Client	N/A	8,333.34	33.34%
Total	\$250,373.33	\$25,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 79B
DATE: March 23, 2006

Amount of Aid	\$101,362.00	Account Number	10893384
Amount Paid	0.00	Name	Adult Male
Balance Due	101,362.00	Service Date	03/05/04 to 08/16/04
Compromise Amount Offered	15,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 86,362.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$101,362.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$45,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 15,000.00	\$15,000.00	33.33%
County of Los Angeles	101,362.00	15,000.00	33.34%
Net to Client	N/A	15,000.00	33.33%
Total	\$116,362.00	\$45,000.00	100.00%

Our financial investigation reveals that the client is employed with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 79C
DATE: March 23, 2006

Amount of Aid	\$105,269.00	Account Number	10720729
Amount Paid	.00	Name	Adult Male
Balance Due	105,269.00	Service Date	10/23/01 to 03/27/03
Compromise Amount Offered	7,708.33	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 97,560.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$105,269.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$23,125.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 11,562.50	\$ 7,708.33	33.33%
County of Los Angeles	105,269.00	7,708.33	33.33%
Net to Client	N/A	7,708.34	33.34%
Total	\$116,831.50	\$23,125.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 79D
DATE: March 23, 2006

Amount of Aid	\$401,677.00	Account Number	10946858
Amount Paid	.00	Name	Adult Male
Balance Due	401,677.00	Service Date	02/18/05 to 06/07/05
Compromise Amount Offered	241,666.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$160,011.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$401,677.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$725,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$290,000.00	\$290,000.00	40.00%
Attorney Cost	1,388.29	1,388.29	.19%
McCormick Ambulance	1,031.25	721.87	.10%
Coast National Insurance Company	1,107.58	644.55	.09%
County of Los Angeles	401,677.00	241,666.00	33.33%
Net to Client	N/A	190,579.29	26.29%
Total	\$695,204.12	\$725,000.00	100.00%

Our financial investigation reveals that the client is an unemployed full-time student and is supported by his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

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COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 79E
DATE: March 23, 2006

Amount of Aid	\$25,513.00	Account Number	10745228
Amount Paid	.00	Name	Adult Male
Balance Due	25,513.00	Service Date	03/08/03 to 04/17/03
Compromise Amount Offered	6,497.17	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$19,015.83	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Harbor UCLA Medical Center at a cost of \$25,513.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$20,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,000.00	\$ 6,497.17	32.48%
Attorney Cost	508.50	508.50	2.55%
County of Los Angeles	25,513.00	6,497.17	32.49%
Net to Client	N/A	6,497.16	32.48%
Total	\$34,021.50	\$20,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 79F
DATE: March 23, 2006

Amount of Aid	\$162,182.00	Account Number	10717450
Amount Paid	.00	Name	Adult Male
Balance Due	162,182.00	Service Date	06/20/03 to 08/06/03
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$157,182.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was injured in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$162,182.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$12,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 3,500.00	28.00%
Catherine Zarrabi, M.D.	3,130.00	500.00	4.00%
County of Los Angeles	162,182.00	5,000.00	40.00%
Net to Client	N/A	3,500.00	28.00%
Total	\$170,312.00	\$12,500.00	100.00%

Our financial investigation reveals that the client is self-employed with a marginal income. He has no other source of income or tangible assets.